Viamed Ltd 15 Station Road Cross Hills Keighley, West Yorkshire BD20 7DT, United Kingdom Tel: +44 (0) 1535 634542 Fax: +44 (0) 1535 635582 Email: info@viamed.co.uk VAT Reg No: GB287389593 Company Reg No: 01291765 Eori No: GB287389593000

Viamed Ltd



Delivery Address

Sage Services Group 2160 Highway 292 Inman South Carolina

USA 29349 Invoice Address

Sage Services Group 506 Deanna Lane Charleston South Carolina 29492 USA

Contact Name Contact Tel

: Clay Harper : 8432845844

Account Customer Reference Date

00006261 SRS68879 29 Aug 2024

7 Priority

Valid until : 29 Sep 2024 Priced In **US Dollars**

11.2017-0

Proforma Invoice MVM151918

Page 1 CIP Carriage and Insurance Paid To Sage Services Group, USA * Incoterms(R) 2020

Your Viamed Contact for this Proforma Invoice: agib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1480000 Tariff 9018199000 CoO United Kingdom	V1000 Foetal Heart Simulator Service and Functional Check	1	79.20		79.20
	S/N: PR01883A18, SRS68879, SRN37066				
1430309 Tariff 9031808000 CoO United Kingdom	V1000 Transducer Interface Cushion	1	0.00		0.00
	SRS68879, SRN37066				
INS	Insurance	1	12.50		12.50
PPUPS1	UPS Courier Delivery - Standard	1	33.77		33.77
	32 x 24 x 12cm 1.2kg				

Total Net: 125.47 Total Vat: 0.00 Total: 125.47

Banking details Bank Sort Code Account Number IBAN

BIC Barclays Bank 20-78-42 89771244 GB82BUKB20784289771244

BIC BUKBGB22
Terms and conditions https://www.viamed.co.uk/terms

Full proforma amount to be credited to our account net of all bank charges. Claims: Please claim non delivery within 14 days of invoice. Shortages or damage within 3 days of receipt. Claims after these times cannot be entertained. Claims after these times cannot be entertained.

Title to goods does not pass until payment in full has been received.
Proforma Valid for 30 days only.

Viamed Ltd reserves the right to add an administration
fee to the Proforma if multiple changes are requested.